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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/668,849
		Filing Date	September 22, 2000
		First Named Inventor	Robert M. BERTON
		Art Unit	3625
		Examiner Name	R. E. Rhode
Total Number of Pages in This Submission	26	Attorney Docket Number	426882000400

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) - Annotated (2 sheets) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Reply (20 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Return Receipt Postcard is uncounted part of filing.		

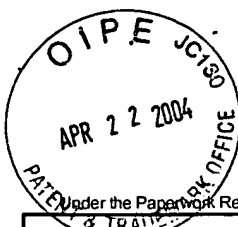
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Robert E. Scheid - 42,126
Signature	
Date	April 22, 2004

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Dated: April 22, 2004

Signature: (Janet Hollrah)



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/668,849
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	September 22, 2000
950.00		First Named Inventor	Robert M. BERTON
		Examiner Name	R. E. Rhode
		Art Unit	3625
		Attorney Docket No.	426882000400

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP			
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1001 770 2001 385 Utility filing fee	
1002 340 2002 170 Design filing fee	
1003 530 2003 265 Plant filing fee	
1004 770 2004 385 Reissue filing fee	
1005 160 2005 80 Provisional filing fee	
SUBTOTAL (1) (\$) 0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	16
Independent Claims	3
Multiple Dependent	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1202 18 2202 9 Claims in excess of 20	
1201 86 2201 43 Independent claims in excess of 3	
1203 290 2203 145 Multiple dependent claim, if not paid	
1204 86 2204 43 ** Reissue independent claims over original patent	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$) 0.00	

SUBTOTAL (3)	
Reduced by Basic Filing Fee Paid	950.00

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Robert E. Scheid	Registration No. (Attorney/Agent)	42,126
Signature		Telephone	(415) 268-6369
		Date	April 22, 2004